# EMPLOYER EXTRANET APPLICATION
## SECURITY AGREEMENT
Wis. Stats. 40.07 (1)

I.  Employee:  Read the provision set forth below and complete your name, home address, Social Security Number, signature and date below.  If you are a state Central Payroll agency employee with an Info Tech Mainframe Logon ID (i.e., ETF 222), enter your ID number in the space provided.

I understand that Security measures have been established to provide necessary dates for Wisconsin Retirement System (WRS) participating employment, employment category information, benefit application dates, and creditable service.  I agree to maintain the confidentiality of all information that I obtain through on-line access to WRS accounts.  I understand that information in these accounts is not a public record and disclosure to any person or organization is absolutely prohibited.

I further understand that the Employer Extranet Application is intended for use by employers to administer WRS and other ETF administered benefit programs and is not intended to provide information to members or to assist members in making retirement decisions.  I also understand that the Employer Extranet Application is not intended to provide complete information to make important decisions regarding a member's WRS benefits.

| I have read the provision set forth above.  I understand that Wisconsin Statutes, § 943.70 provide criminal penalties for offenses against computer data and programs.  Violation of this provision will result in termination of my on-line access to WRS active member accounts and/or termination of my Employer's on-line access to WRS active member accounts. | | | |
|---|---|---|---|
| Employee Name and Home Address: | (Current State Central Payroll Access) Info Tech Mainframe Logon ID | Info Tech Mainframe Logon ID | ETF Security Officer Signature/Date |
| Employee Social Security Number/Signature/Date: | | | |

II.  Employer:  Complete the area below to certify that the above employee is authorized to gain access to the Employer Extranet Application.

| I understand that Wisconsin Statutes, § 943.395, provide criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.  I certify that I am responsible for reporting information to the Wisconsin Retirement System. | |
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| Employer Name: | Employer ID Number: 69-036- |
| E-mail Address: | Fax Number: | Phone Number: |
| WRS Agent Name: | WRS Agent Signature: | Date: |

III.  Info Tech Security Officer:  Will issue each designated employee a Logon ID, password, and identifier codes, if applicable, to gain access to the system.  Please allow two to three weeks to receive authorization and instructions for access.